

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 22 10 31 AM '96

1. NAME OF COMMITTEE (in full) Crawford For Congress Committee		2. FEC IDENTIFICATION NUMBER C00288407
ADDRESS (number and street) <input type="checkbox"/> check if different than previously reported 206 W. Patrick St.		
CITY, STATE and ZIP CODE Frederick MD 21702	STATE/DISTRICT MD/06	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> Twelfth day report preceding General election on <u>11/05/96</u> in the State of <u>MD</u>
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>10/01/96</u> through <u>10/16/96</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$32,067.50	\$253,950.88
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6b from 6a).	\$32,067.50	\$253,950.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$21,709.29	\$222,286.76
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)).	\$21,709.29	\$222,286.76
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$56,644.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brad Young	Date 10/21/96
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(PAGE 2, FEC FORM 3)

Name of Committee (in full) Crawford For Congress Committee C00288407	Report Covering the Period: From: 10/01/96 To: 10/16/96	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than Loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	14,285.00	
(ii) Unitemized	9,182.50	
(iii) Total of contributions from individuals	23,467.50	166,275.88
(b) Political Party Committee	500.00	1,175.00
(c) Other Political Committees (such as PACs)	8,100.00	86,500.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (add 11(a)(i)-(iii), (b), (c) and (d))	32,067.50	253,950.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	5,000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	5,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	32,067.50	258,950.88
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	21,709.29	222,286.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	12,500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a), (b) and (c))	0.00	12,500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	21,709.29	234,786.76
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$46,286.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$32,067.50
25. SUBTOTAL (add Line 23 and Line 24)		\$78,353.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$21,709.29
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 and 25)		\$56,644.27

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D Barnes 3948 Baltimore St. Kensington MD 20895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Hogan & Hartson Occupation Attorney Aggregate Year-to-Date > \$400.00	10/15/96	\$200.00
B. Full Name, Mailing Address and ZIP Code Jean Blake P O Box 85 Myersville MD 21773 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$570.00	10/09/96	\$200.00
C. Full Name, Mailing Address and ZIP Code Stephen M Block 10719 Gloxinia Dr Rockville MD 20852 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Univ. of MD Occupation Professor Aggregate Year-to-Date > \$700.00	10/08/96	\$200.00
D. Full Name, Mailing Address and ZIP Code Alvin Blum Baltimore MD 21209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$1,000.00	10/15/96	\$1000.00
E. Full Name, Mailing Address and ZIP Code Leonor Blum 2907 W Strathmore Ave Baltimore MD 21209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$1,000.00	10/10/96	\$1000.00
F. Full Name, Mailing Address and ZIP Code Elizabeth Bobo 5561 Suffield Ct Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer State of Maryland Occupation Delegate Aggregate Year-to-Date > \$750.00	10/05/96	\$500.00
G. Full Name, Mailing Address and ZIP Code W. Kennedy Boone 1 W Washington St Hagerstown MD 21740 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$600.00	10/11/96	\$100.00

SUBTOTAL of Receipts This Page (optional)	\$3,200.00
TOTAL This Period (Last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 8
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A Buff 6112 Fence Post Ct. Columbia MD 21044	Self	10/16/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cejka 210 W Patrick St Frederick MD 21701	Self	10/09/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shu-Ping Chan 5809 Nicholson Ln North Bethesda MD 20852	State Of Maryland	10/10/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Chu PO Box 27 Myersville MD 21773		10/09/96	\$122.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$222.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Clark 10419 Queensway Dr Ellicott City MD 21042	American Day Treatment	10/16/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Executive Vp	Aggregate Year-to-Date > \$350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward L Cochran 6858 Sanner Rd Clarksville MD 21029	Self	10/02/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Cronin-Crawford 404 E 66th St Apt 9-H New York NY 10021	Lazard Freres	10/10/96	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Occupation Exec. Secretary	Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional) \$1,172.00

TOTAL This Period (Last page this Line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 8
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierre Crosson 400 Rockwell Ter Frederick MD 21701	Self	10/09/96	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > \$400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey M Dreifuss 6074 Granite Knoll Columbia MD 21045	Sentinel Title	10/13/96	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres. Sentinel Title	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Eaton 8771 Susini Dr Laurel MD 20723		10/16/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife	Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren R Evans 159 Willowdale Dr Apt 12 Frederick MD 21702		10/11/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carole Fisher 2990 Rogers Ave Ellicott City MD 21043	Candlelight Inn	10/09/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Manager	Aggregate Year-to-Date > \$490.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierce Flanagan III 2444 Loch Raven Blvd Baltimore MD 21218	P Flanagan & Sons	10/11/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morton P Fungar 1650 Tysons Boulevard Suite 620 McLean VA 22102	Ralmor Corp	10/01/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$1,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 8
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judson Garrett 167 Friar Tuck Hill Annapolis MD 21405 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	McGuire, Woods Battle & Cothe Occupation Attorney	10/14/96	\$250.00 Aggregate Year-to-Date > \$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Gerring 5421 Spring Lake Way Baltimore MD 21212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kennedy Kruger Institut Occupation Physician	10/05/96	\$50.00 Aggregate Year-to-Date > \$450.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Glaser 5188 Even Star Pl Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Vogel, Glaser & Assoc Occupation Co-Owner	10/15/96	\$300.00 Aggregate Year-to-Date > \$600.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia B Greenwald 830 Park Avenue New York NY 10021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Housewife Occupation	10/10/96	\$250.00 Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leroy Hoffberger 1802 By Woods Ln Stevenson MD 21153 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gordon, Feinblatt, Hoffberger Occupation Attorney	10/11/96	\$250.00 Aggregate Year-to-Date > \$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Z Humbert 403 Magnolia Ave. Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Omega Corp Occupation Manager	10/11/96 10/11/96	\$150.00 \$100.00 Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Kornblatt 3512 Old Court Rd Baltimore MD 21208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kornblatt Foundation Occupation President	10/08/96	\$250.00 Aggregate Year-to-Date > \$350.00

SUBTOTAL of Receipts This Page (optional)

\$1,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nathan Landow 4710 Bethesda Avenue Bethesda MD 20814	Landow And Company	10/04/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$1,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Linehan 515 Fairmount Ave Suite 900 Towson MD 21286	Woodbrook Capital Inc	10/16/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Manekin 11530 Falls Rd Lutherville MD 21093	Manekin, Inc.	10/08/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas Mangione 1205 York Rd Lutherville MD 21093	Mangione Family Enterprises	10/09/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Usha Mehta 11706 Farside Rd Ellicott City MD 21042	Self	10/15/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard E Moodispaw 1158 Oakview Dr Crownsville MD 21032	Management Technologies Masi	10/11/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$575.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R Moxley 13155 Rt 144 West Friendship MD 21738	Security Development	10/16/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$680.00	

SUBTOTAL of Receipts This Page (optional)	\$2,850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F Munsell Esq. 17 Round Hill Club Road Greenwich CT 06831	Clary Gottlieb Steen Hillton	10/10/96	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$700.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis Nash 11729 Lightfall Ct Columbia MD 21044		10/01/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dominick Perini 14500 Byers Road Hagerstown MD 21740	Perini Construction	10/10/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner		Aggregate Year-to-Date > \$1,200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shrikumar Poddar 3308 S Cedar St Suite 11 Lansing MI 48910	International Service Society	10/16/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Pruskin 8882 Town and Country Blvd Apt E Ellicott City MD 21043	EnviroSystems, Inc	10/16/96	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chemist		Aggregate Year-to-Date > \$245.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph Rosencrants 2718 St. Paul Street Baltimore MD 21218	State Of Maryland	10/15/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Commissioner		Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Rothman 2207 Cross Country Blvd Baltimore MD 21209	Self	10/07/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$225.00

SUBTOTAL of Receipts This Page (optional)

\$2,100.00

TOTAL This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn R Ruid 1332 Marker Rd Middletown MD 21769 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Housewife Aggregate Year-to-Date > \$298.00	10/16/96	\$88.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Sagle PO Box 298 Sharpsburg MD 21782 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Eastalco Supervisor Aggregate Year-to-Date > \$225.00	10/13/96	\$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Schlossberg Esq. 21149 Park Hall Road Boonsboro MD 21713 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Attorney Aggregate Year-to-Date > \$1,000.00	10/09/96	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth M Shewitz 11 Manitou Circle Westfield NJ 07090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$300.00	10/10/96	\$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G Slater 5394 George St Adamstown MD 21710 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Attorney Aggregate Year-to-Date > \$235.00	10/12/96	\$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Saul Stern 5450 Whitley Park Terrace Apt 20 Bethesda MD 20814 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$350.00	10/15/96	\$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Sundergill 12 E 3rd St Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Md Dept Of Human Resour B Legislative Director Aggregate Year-to-Date > \$345.00	10/11/96	\$50.00

SUBTOTAL of Receipts This Page (optional) \$1,138.00

TOTAL This Period (Last page this Line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Utter 141 Melrose Ct Frederick MD 21702		10/10/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Zentner 633 Schley Ave Frederick MD 21702	Retired	10/14/96	\$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)	\$325.00
TOTAL this Period (Last page this line number only)	\$14,285.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code Democratic State Central Committee Of Allegany County Cumberland MD 21501	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Party	10/01/96	\$200.00
		Aggregate Year-to-Date > \$700.00	
B. Full Name, Mailing Address and ZIP Code Democratic State Central Committee Of Frederick County Frederick MD 21701	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Party	10/14/96	\$300.00
		Aggregate Year-to-Date > \$300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$500.00
TOTAL This Period (Last page this line number only)	\$500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

Contributions from Other Committees

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NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFSCME- PEOLPE 175 West Ostend St Baltimore MD 21230	PAC	10/10/96	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5,000.00	
B. Full Name, Mailing Address and ZIP Code American Podiatric Medical Association- PPAC 9312 Old Georgetown Rd Bethesda MD 20814	PPAC	10/10/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code Friends Of Barbara Hoffman 6615 Raisterstown Rd Suite 301 Baltimore MD 21215	Other	10/03/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$100.00	
D. Full Name, Mailing Address and ZIP Code Manor Healthcare Corp Federal PAC 10750 Columbia Pike Silver Spring MD 20901	Federal PAC	10/09/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
E. Full Name, Mailing Address and ZIP Code Mid-Atlantic Medical Services Inc. Pac 4 Taft Ct Rockville MD 28050	Mid-Atlantic Medical Services Inc. Pac	10/11/96	\$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,500.00	
F. Full Name, Mailing Address and ZIP Code PACE--National Association of Social Workers 750 First St Suite 700 Washington DC 20002	National Association of Social Workers	10/08/96	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$750.00	
G. Full Name, Mailing Address and ZIP Code Sierra Club Political Committee 730 Polk St San Francisco CA 94109	Sierra Club Political Committee	10/01/96 10/14/96	\$500.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$750.00	

SUBTOTAL of Receipts This Page (optional) \$10,100.00
TOTAL This Period (last page this line number only) \$10,100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catherine Cronin-Crawford 404 E 66th St Apt 9-H New York NY 10021	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/10/96	\$400.00 in-kind received
B. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement telephone bills Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/01/96	Amount of Each Disbursement This Period \$533.03
C. Full Name, Mailing Address and ZIP Code US Postal Service Frederick MD 21701	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/02/96 10/05/96 10/08/96	Amount of Each Disbursement This Period \$320.00 \$640.00 \$320.00
D. Full Name, Mailing Address and ZIP Code US Postal Service Frederick MD 21701	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/14/96	Amount of Each Disbursement This Period \$320.00
E. Full Name, Mailing Address and ZIP Code Colleen Martin-Lauer 7003 Dogwood Rd. Baltimore MD 21244	Purpose of Disbursement consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/01/96	Amount of Each Disbursement This Period \$2200.00
F. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/15/96	Amount of Each Disbursement This Period \$478.83
G. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/15/96	Amount of Each Disbursement This Period \$150.00
H. Full Name, Mailing Address and ZIP Code Cellular One 580 Northern Ave Hagerstown MD 21742	Purpose of Disbursement cellular phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/14/96	Amount of Each Disbursement This Period \$232.93
I. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/01/96	Amount of Each Disbursement This Period \$763.01

SUBTOTAL of Disbursements This Page (optional)

\$6,357.80

TOTAL This Period (Last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE	OF
2	3
FOR LINE NUMBER	
17	

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	reimbursement	10/01/96	\$386.61
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/96	\$394.00
Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	payroll	10/15/96	\$763.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F & M National Bank PO Box 518 Frederick MD 21705	payroll taxes	10/15/96	\$2111.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Antietam Graphics 28 Broadway Hagerstown MD 21742	printing	10/04/96	\$105.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Alec Kohut 2918 Adams Pl Falls Church VA 22042	payroll	10/01/96	\$1116.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Alec Kohut 2918 Adams Pl Falls Church VA 22042	reimbursement	10/07/96	\$416.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Alec Kohut 2918 Adams Pl Falls Church VA 22042	payroll	10/15/96	\$1116.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Laser Recharge Systems Frederick MD 21701	printer cartridge	10/04/96	\$110.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Community Living 431 Carrollton Dr Frederick MD 21701	rent	10/01/96	\$750.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

\$7,268.65

TOTAL This Period (Last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Decision Research 322 Massachusetts Ave, Ne Washington DC 20002	polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/05/96	\$6580.01
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sushant Sidh 1211 Chadwick Dr Westminster MD 21158	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/01/96 10/15/96	\$311.49 \$311.49
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service PO Box 85036 Louisville KY 40285	overnite postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/04/96	\$48.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
P R Promotions P O Box Bethesda MD 20815	signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/04/96	\$224.84
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eva Rosvold 9376 Frostown Rd Middletown MD 21769	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/01/96 10/15/96	\$252.20 \$252.20
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

\$7,980.73

TOTAL This Period (Last page this Line number only)

\$21,607.18

LOANS

Name of Committee (in FULL) Crawford For Congress Committee C00288407				
A. Full Name, Mailing Address and Zip Code of Loan Source Stephen Crawford 7409 Hilltop Dr. Frederick MD 21702		Original Amount of Loan \$1,700.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of Period \$1,700.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <u>4/01/94</u> Date Due <u>9/01/94</u> Interest Rate <u>4.00</u> % (apr)		Secured
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
B. Full Name, Mailing Address and ZIP Code of Loan Source Stephen Crawford 7409 Hilltop Dr Frederick MD 21702		Original Amount of Loan \$1,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of Period \$1,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <u>6/18/94</u> Date Due <u>9/15/94</u> Interest Rate <u>4.00</u> % (apr)		Secured
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amt. Guaranteed Outstanding		
SUBTOTALS This Period This Page (optional)				2,700.00
TOTALS This Period (Last page in this line only)				

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

10-22-96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

RAM
PREPARER

10-22-96
DATE PREPARED